U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only			
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.			
E ( N6228 )			
· Que de			
1. File Number U - 127/3	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Robert James	Name IAM District 160		
	Labor Organization File Number 014-024		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 9870 Kingston Farm Rd NE	Street 9135 15th Pl S		
City Kingston	City Seattle		
State Washington ZIP Code + 4 98346	State Washington ZIP Code + 4 98108		
5. Position in labor organization. President of District 160			
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the excl	ouse or minor child directly or indirectly had any of the following interests usions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat	derived income or other economic benefit of ion represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
	7.b. Amount.		
Street			
City			
State ZIP Code + 4			
Sig	nature		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompanundersigned's knowledge and belief, true, correct, and complete. (See the second complete)	ying documents), has been examined by the signatory and is, to the best of the		
Signed Hole L	On <b>815</b> On <b>163</b> Telephone Number		

Name of Person Filing Robert James File Number U-B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name Automotive Machinists Pension Trust a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any PO Box 34203 c. Employer Street 2815 2nd Ave Ste 300 Seattle ZIP Code + 4 98121 State Washington 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. 3/17-18/2004 Trust Meeting Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. Food & Beverage ZIP Code + 4 State \$126 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4 State 14.b. Amount of payment. 13.b. Is the Business an Employer or Consultant

Name of Person Filing Robert James	File Number J.
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or otherword of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Automotive Machinists Pension Trust  Trade Name, if any:  P.O. Box, Bldg., Room No., if any PO Box 34203  Street 2815 2nd Ave Ste 300  City Seattle  State Washington ZIP Code +4 98121	9. Business deals with:   a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	5/17/2004 Trust Meeting
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	Fcod & Beverage
	12.b. Amount. \$76
C. Received from any employer (other than an employer covered undoor from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant	
(including trade name, if any).	
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

Name of Person Filing Robert James	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Automotive Machinists Pension Trust  Trade Name, if any:  P.O. Box, Bldg., Room No., if any PO Box 34203  Street 2815 2nd Ave Ste 300  City Seattle  State Washington ZIP Code + 4 98121	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
40 KO h 0 - is absolved about trust or appropriate pages	11.a. Nature of such dealing.
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	6/04/2004 Trustee Training
Street	
City	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.
State ZIP Cocle + 4	Lodging and Registration
	12.b. Amount. \$1,237
	12.b. Amount. \$1,237
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

Na of Person Filing Robert James	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Automotive Machinists Pension Trust  Trade Name, if any:  P.O. Box, Bldg., Room No., if any PO Box 34203  Street 2815 2nd Ave Ste 300  City Seattle  State Washington ZIP Code + 4 98121	9. Business deals with:     a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.  8/16-17/2004 Trust Meeting
Street  City  State  ZIP Code + 4	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  Lodging and Registration
	12.b. Amount. \$806
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above) / or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name Trade Name, if any:	
P.O. Box, Bldg., Room No., If any  Street  City  State  ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Rerson Filing Robert James	F	ile Number <b>U-</b>
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active. (2) any part of which consists of buying from or selling or leasing directly or included in the consists of buying from the	wise dealing with the business yely seeking to represent, or lirectly to, or otherwise	
8. Name and address of Business (including trade name, if any).  Name Automotive Machinists Pension Trust  Trade Name, if any:  P.O. Box, Bldg., Room No., if any PO Box 34203  Street 2815 2nd Ave Ste 300  City Seattle  State Washington ZIP Code + 4 98121	9. Business deals with:   **Business deals with:  **Bu	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	11/11/2004 Trust Me	
City	11.b. Approximate dollar value	
State ZIP Code + 4	12.a. Nature of interest held Food	
	12.b. Amount.	\$20
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b, Amount of payment.	

Name of Person Filing Robert James		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).  Name Automotive Machinists Pension Trust  Trade Name, if any:  P.O. Box, Bldg., Room No., if any PO Box 34203  Street 2815 2nd Ave Ste 300  City Seattle  State Washington ZIP Code + 4 38121	9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer	tion		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such deali 2005 IFEBP Confere			
Street	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.			
State ZIP Code + 4	Regisrtaton and Ho	otel Deposit		
	12.b. Amount.		\$1,310	
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.		AM 80-24 - 10-10-10-10-10-10-10-10-10-10-10-10-10-1	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name [				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any Street City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filing Robert James	File Number <b>U-</b>			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Automotive Machinists Pension Trust:  Trade Name, if any:  P.O. Box, Bldg., Room No., if any PO Box 34203  Street 2815 2nd Ave Ste 300  City Seattle  State Washington ZIP Code + 4 98121	a. Labor Organization  b. Trust  c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any	2/04/2004 Trust Meeting			
Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4	Mileage & Lost Wages			
	12.b. Amount. \$111			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			

Name of Person Filing Robert James	File Number U-
B. Held an interest in or derived income or economic benefit with monetary valus ubstantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indidealing with your labor organization or with a trust in which your labor organization.	ise dealing with the business aly seeking to represent, or rectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Automotive Machinists Pension Trust  Trade Name, if any:  P.O. Box, Bldg., Room No., if any PO Box 34203  Street 2815 2nd Ave Ste 300  City Seattle  State Washington ZIP Ccde + 4 98121  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City State ZIP Code + 4	9. Business deals with:    X   a. Labor Organization     b. Trust     c. Employer    11.a. Nature of such dealing.    5/06/2004 Trust Meeting    11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.    Expenses & Lost Wages
	12.b. Amount. \$104
	12.D. AHOUR.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  13.b. Is the Business an Employer  or Consultant  ?	14.a. Nature of payment.  14.b. Amount of payment.

Name of Person Filing Robert James	1	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
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10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of suct 5/17-18/2004				
Street  City  State  ZIP Code + 4		lar value of such dealing.  est held or income received.  st Wages			
	12.b., Amount.	\$351			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.  13 a Name and address of Employer at labor Polations Consultant  14.a. Nature of payment.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4					
13.b. Is the Business an Employer or Consultant?	14.b. Amount of pay	ment.			

Name of Person Filing Robert James	* ***	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).  Name Automotive Machinists Pension Trust  Trade Name, if any:  P.O. Box, Bldg., Room No., if any PO Box 3:12:03  Street 2815 2nd Ave Ste 300  City Seattle  State Washington ZIP Code + 4 98121  10. If 9.b. or 9.c. is checked give trust or employer's name.	9. Business deals with:    a. Labor Organize  b. Trust  c. Employer  11.a. Nature of such deal				
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	3/17-18/2004 Trus	t Meeting			
Street	11.b. Approximate dollar va	lue of such dealing.			
City	12.a. Nature of interest he	eld or income received.			
State ZIP Code + 4	Expenses & Lost W	ages			
	12.b. Amount.	\$3,459			
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:	er parts A and B above) y or other thing of value.  14.a. Nature of payment.				
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4					
	44 h A				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.				

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Name of Person Filing Robert James		File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the busines rely seeking to represent, or irectly to, or otherwise	sis
8. Name and address of Business (including trade name, if any).  Name Automotive Machinists Pension Trust  Trade Name, if any:  P.O. Box, Bldg., Room No., if any PO Box 34203  Street 2815 2nd Ave Ste 300  City Seattle  State Washington ZIP Code + 4 98121	9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer	ation
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dea	ling.
Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any	6/04 2004 IFEBP C	onference
Street		
City	11.b. Approximate dollar va	
State ZIP Code + 4	Expenses & Lost W	
	12 5 4	\$2,060
	12.b. Amount.	\$2,000
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

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Name of Person Filing Robert James	<u>}</u> '	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or seiling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
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Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	8/16-17/2004  11.b. Approximate dollar val	lue of such dealing.		
State ZIP Code + 4	12.a. Nature of interest he Expenses & Lost W	***************************************		
	12.b. Amount.	\$1,175		
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4				
13.b. Is the Business an Employer cr Consultant?	14.b. Amount of payment.			